PTO/SBR06 (12-0.)
Approved for use through 7/31/2006. ONB 681-0.003
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it days a valid OMB control number.

PECOPD							ation or It Number 22948	Filing Date: 11/25/2003			To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY □ OR SMALL ENTITY											
FOR				(COLUMN) (COLUMN)			RATE (\$)	FEE (\$)	OK.	RATE (\$)	FEE (\$)
☐ BASIC FEE			N/A			\exists	N/A			N/A	
(37 CFR 1.16(a), (b), or (c)) SEARCH FEE			N/A	A N/A			N/A			N/A	
(37 CFR 1 16(k), (i), or (m)) EXAMINATION FEE											
(37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS			N/A			-	N/A			N/A	
(37 CFR 1.16(i))			minus 20 = *		•	_	X \$25 =		OR	X \$50=	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			_	X \$100 =			X \$200 =	
If the specification and drawings exceed 100 sheets of paper, the application size FEE (37 CFR 1.16(a)) (37 CFR 1.16(a)) (37 CFR 1.16(a)) (37 CFR 1.16(b)) (37 CFR 1.16(b)) (37 CFR 1.16(b))						ize) on					
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							+ \$180		l	+\$360	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		l	TOTAL	
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST							SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT A	10/02/06	REMAININ AFTER AMENDME	NG	NUMBER PREVIOUSL PAID FOR			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.15(i))	• 39	Minus	 36	= 3		x \$25 =		OR	X \$50=	150
	Independent (37 CFR 1.16(h))	• 5	Minus - 5		= 0		X \$100 =		OR	X \$200=	0
₹	Application Size Fee (37 CFR 1.16(s))					_	<u> </u>		L.		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							TOTAL		OR	TOTAL	
							ADD'L FEE		OR	ADD'L FEE	150
<u> </u>		(Column		(Column 2)) (Column	n 3)				,	
AMENDMENT B		CLAIMS REMAININ AFTER AMENDME	NG	HIGHEST NUMBER PREVIOUSL PAID FOR	Y EXTR		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.18(i))		Minus		-		X \$25 =		OR	X \$50 =	
	Independent (37 CFR 1 15(h))	•	Minus	•	-		X \$100 =		OR	x \$200 =	
	Application Size Fee (37 CFR 1.16(s))					_	<u> </u>		1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(ji)) CALCULATE							TOTAL ADD'L	 	OR OR	TOTAL ADD'L	
l									j	FEE	
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. Legal Instrument Examiner: Linda W. Badie											r:
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

The Trignest Number (Privilosity Pati For I (10as) or inseptement) is use ingress number town in one appropriate own in common. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete including gathering, preparing, and submitting the completed application form to the USFTO. Time will layer depending upon the individual cases. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Indemation Officer, U.S. Patient and Trademank Officer, U.S. Department of Commence, P.O. Box 1450, Alexandria, V.A. 22313-1450. ON OT SEND PEEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, V.A. 22313-1450.